	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Luis E. Gonzalez Campaign	OFFICE USE ONLY						
(2)	Name 2131 West 60 Street							
(2)	Address (number and street)	APR10'19 12:13PM						
	Hialeah, FL 33016							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es): Closed data Courts Higher City (Council Seat #2						
	 ✓ Candidate Office Sought: Hialeah City Council, Seat #2 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 							
	(5) Report	Identifiers						
Cov	er Period: From 03 / 01 / 19 To	03 / 31 / 19 Report Type: M3-19						
	original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cas	h & Checks \$, , <u>500</u> . <u>00</u>	Monetary Expenditures \$, , , 0 . 00						
Loai	s,,	Transfers to Office Account \$, , 0.00						
	Il Monetary \$,, <u>500</u> . <u>00</u>	Total Monetary \$, , 0 . 00						
ln-K	ind \$,, _0 . 00	(9) Other Dietributions						
		(8) Other Distributions \$, , 0 . 00						
(9)	TOTAL Monetary Contributions To Date \$, , 500 . 00	(10) TOTAL Monetary Expenditures To Date \$						
I certify that I have examined this report and it is true, correct, and complete:								
		(Type name) Luis Gonzalez						
	\$							
		, 06						
X	ignature	Signature Signature						

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number				
(3) Cover Period	03 / 01 / 19	throu	gh/	31 / 19	_ (4) Page		of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Type	Description	Amendment	Amount
03 07 19	MASSON CATERING, INC. 496 E. 9TH STREET HIALEAH, FL 33010	В	FOOD CATERI	СНЕ			\$500.00
/ /							
/ /							
1 1			,				
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

1) Name Luis Go		(3	2) I.D. Number	***************************************	
(3) Cover Period _	03 / 01 / 19 through 03	/	4) Page	of	. 1
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11)
/ /					
/ /					
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